

# West Virginia Controlled Substances Monitoring Program

## 2014 Annual Report

### Executive Summary

As required by §60A-9-5(j), the West Virginia Controlled Substances Monitoring Program (CSMP) is providing the following Annual Report. This report is intended to give a brief history of the monitoring program, highlight the accomplishments of the CSMP, provide statistical information as it relates to its usage and outline intended future outcomes. This report will also recommend legislation to enhance the CSMP, in an attempt to: reduce the quantity of pharmaceutical controlled substances obtained by individuals attempting to engage in fraud and deceit; increase coordination among participating partners; involve stakeholders in achieving improved patient health care and safety; and reduce prescription drug diversion.

### Background

A prescription monitoring program (often referred to as a PMP) is an electronic database that collects designated data on controlled substances dispensed or prescribed within a given state. The data collected usually includes the names and contact information for the patient, prescriber, and dispenser; the name and dosage of the drug; the quantity supplied and the number of authorized refills. Other information now recommended includes name and contact information of individual picking up a prescription and the method of payment.

PMPs are established and managed at the state level and can vary considerably from state to state. Some areas of variation include:

- **Substances monitored.** A small number of PMPs monitor only Schedule II drugs (i.e. those with a high potential for abuse), while others monitor Schedules III through V (i.e. those with a lower potential for abuse) in addition to Schedule II drugs. Still others will additionally track other non-controlled drugs that may be of special interest. West Virginia monitors all Schedule II, III and IV controlled substances.
- **Level of access.** Some PMPs allow indirect access via a report in response to a request from an authorized individual; and others, like West Virginia, allow authorized, registered users to access the database directly.
- **Timeliness of data.** Most PMPs require monthly, bi-weekly or weekly reporting, however a few states (like West Virginia) require daily reporting. One state, Oklahoma, now requires reporting at time of sale, and is currently evaluating its efficacy.

### West Virginia's Controlled Substances Monitoring Program History

The West Virginia Controlled Substances Monitoring Act (CSMA) was implemented in 1995, to track only Schedule II controlled substances. Article 9 of Chapter 60A created the CSMP within the West Virginia Board of Pharmacy, for the purpose of recordation and retention of information regarding the prescribing, dispensing and consumption of certain controlled substances. The CSMA was modified by the 2002 West Virginia Legislature, as an initiative to encourage safer prescribing of all controlled substances in Schedules II, III and IV, to reduce their abuse and limit the diversion of those substances within the State. Beginning on September 1, 2002, the Board of Pharmacy revised this program, which established a central repository that contains information relating to all

Schedule II, III, and IV controlled substance prescriptions that were dispensed in or into the State. This information submitted by medical service providers, health care facilities pharmacists and pharmacies through a third-party data collector contracted by the Board of Pharmacy included all applicable patient information, required controlled substance descriptions and prescription details. In December, 2004, the Board of Pharmacy implemented further changes to the CSMP to eliminate the third-party data collector and to permit both direct reporting and direct access via an internet-based program.

In 2005, the Methamphetamine Eradication Act required that certain over-the-counter products that contain pseudoephedrine or ephedrine (PSE) be made available only from behind a pharmacy counter. There were a number of restrictions placed on PSE products that included recording purchase information in the West Virginia CSMP, limiting the amounts of PSE products that individuals may purchase, requiring a current form of identification and requiring purchasers to be at least eighteen. This reporting was implemented in 2006, and continued through 2012, when it was replaced by the National Precursor Log Exchange (NPLEx) for multi-state tracking.

### **West Virginia's Controlled Substances Monitoring Program Description and Reporting**

The West Virginia Controlled Substances Monitoring Program (CSMP) is a central repository, maintained by the West Virginia Board of Pharmacy, for collected data related to the prescription and dispensing of all Schedule II, II and IV controlled substances. Contracts with Mahantech Corporation are in place to administer the CSMP and to manage the collection of this data. Board-employed program staff, consisting of an administrator and a clerk, oversees the day-to-day operation of the CSMP, act as liaisons with the software vendor, seek grant funding to support the CSMP, and provide administrative support to the West Virginia Board of Pharmacy.

Each time a controlled substance is dispensed to an individual, it must be reported to the CSMP by the medical services provider as soon as possible, within 24 hours. The CSMP offers direct, internet-based, electronic data transfer, or by others means promulgated by the West Virginia Board of Pharmacy, to report this information. The reporting is done in accordance with the most recent, National Society for the Automation of Pharmacy (ASAP) format (4.2). Each time a controlled substance prescription is dispensed, the following information must be reported as applicable:

- Name of the prescribing practitioner, address and the prescribing practitioner's federal Drug Enforcement Administration (DEA) number;
  - Date the prescription was filled/dispensed;
  - Number of refills, if any, authorized by the prescription;
  - Source of payment;
  - Patient's name, address and date of birth;
  - Name, National Drug Control (NDC) number, quantity and strength of the controlled substance dispensed;
  - Name, DEA number and address of the dispensing pharmacy; and
  - Other appropriate identifying information as determined by the West Virginia Board of Pharmacy.
- Reporting is not required for a drug administered directly to a patient.

As required by West Virginia Code §60A-9-5(a), information contained in this central repository is confidential, and is open to inspections only by inspectors and agents of the Board of Pharmacy, specific law enforcement members, agents of the Bureau of Medical Services, agents of the Office of the Chief Medical Examiner, agents of medical licensing boards in this state and other states, prescribing practitioners and pharmacists, and persons with an enforceable court order or regulatory agency administrative subpoena. All information released by the Board of Pharmacy must be related to a specific patient or a specific individual or entity under investigation by any of the parties. Practitioners who prescribe or dispense may also receive specific data for purposes of treatment of a patient. To gain access to the CSMP, users must complete a user request form, and have their

information validated. Once the identification and other records are confirmed, the user will receive a username and password that they must utilize to log into the CSMP database. With this unique username and password, users can obtain patient/practitioner information for treatment purposes, or as part of an official investigation. All information regarding each login is recorded and can be retrieved in the event of an audit or investigation. In March of 2014, West Virginia successfully deployed its interface with the Prescription Monitoring Program Interconnect (PMPI). PMPI is a data sharing hub, through which authorized users from one state are permitted to obtain patient information from other participating states through their home PMP. West Virginia is currently sharing data with its border states Virginia, Ohio and Kentucky, as well as Connecticut, Indiana, Arizona, Nevada, Kansas and New Mexico. An additional 18 states will be added as soon as all programs are integrated.

As created by Senate Bill 437 (Regular 2012 Legislative Session), the Controlled Substances Monitoring Program Advisory Committee and the Controlled Substances Monitoring Program Database Review Committee have been actively trying to address substance abuse issues in this state through use of the CSMP. The Advisory Committee has recommended parameters for identifying abnormal or unusual patient patterns, as well as focusing on possible prescribing and dispensing issues with practitioners. They have also suggested a number of rules, and have recommended educational and research topics, in order to try and limit the improper use of prescription drugs, to reduce inappropriate prescribing and dispensing of those drugs and to facilitate the use of the CSMP.

The Database Review Committee evaluates those who have been identified as outliers to decide appropriate action. Individuals that have been classified as patients, prescribers or dispensers that warrant additional scrutiny, are being pursued in a number of ways. Thousands of letters have been sent to practitioners concerning patients visiting large numbers of prescribers and getting prescriptions. Dozens of individuals have been referred to law enforcement for further investigation as a result of visiting the largest number of doctors in a given period. As a result of these communications, some of these doctors have been notified of their lack of CSMP access, which is required by §60A-9-5(e).

The Database Review Committee also receives and evaluates CSMP data and Chief Medical Examiner's Office reports, relating to hundreds of West Virginia deaths deemed to be a result of a drug-overdose. On a case-by-case basis, they determine if there is a reasonable cause to believe that there has been a breach of professional standard or a criminal act involving prescribing and/or dispensing of Schedule II –IV Controlled Substances. In some cases, drug overdose death victim information is being sent to licensing boards, law enforcement and county prosecutors for further evaluation. The Board of Pharmacy is also in the process of distributing dozens of educational letters to prescribers as a result of concerns related to these drug overdose deaths.

**West Virginia Controlled Substances Monitoring Program Statistics**  
(As reported by WV Board of Pharmacy Vendor Mahantech Corporation)

<b>2014 Total WV Dispensings</b>	<b>4,869,383</b>
<b>2013 Total WV Dispensings*</b>	<b>4,690,792*</b>
<b>2012 Total WV Dispensings</b>	<b>5,129,031</b>
<b>2011 Total WV Dispensings</b>	<b>5,213,830</b>
<b>2010 Total WV Dispensings</b>	<b>5,217,001</b>
<b>2009 Total WV Dispensings</b>	<b>5,308,365</b>
<b>2008 Total WV Dispensings</b>	<b>5,224,985</b>
<b>2007 Total WV Dispensings</b>	<b>4,788,758</b>
<b>*Major System Upgrade July 1, 2014</b>	
<b>Total # CSMP Queries Processed (2014)</b>	<b>909,508</b>
<b>Total # CSMP Queries Processed (2013)*</b>	<b>840,557*</b>
<b>Total # CSMP Queries Processed (2012)</b>	<b>891,205</b>
<b>Total # CSMP Queries Processed (2011)</b>	<b>663,423</b>
<b>Total # CSMP Queries Processed (2010)</b>	<b>597,479</b>
<b>Total # CSMP Queries Processed (2009)</b>	<b>555,029</b>
<b>Total # CSMP Queries Processed (2008)</b>	<b>436,491</b>
<b>Total # CSMP Queries Processed (2007)</b>	<b>315,715</b>
<b>*Approximation Due to System Upgrade</b>	
<b>CSMP USER TYPE</b>	<b>Active Users</b>
<b>Prescribers</b>	<b>2537</b>
<b>Dispensers</b>	<b>1515</b>
<b>Dispensing Prescribers</b>	<b>93</b>
<b>Law Enforcement</b>	<b>43</b>
<b>Other</b>	<b>22</b>
<b>Total</b>	<b>4210</b>